Dear Learner,

This training guide was designed for you to complete as a self-study activity. Please do the following in order to ensure successful completion:

- First, read through EVERYTHING. There is a lot of important information throughout the guide. If you find something that will be helpful to you and your clients, underline or highlight that information.
- If you have a question, please ask: __________________
- Once you are finished, take the quiz at the end and review these answers with your supervisor. You will need to answer eight out of 10 questions correctly to pass.
- The packet will be yours to keep, but you must turn the quiz in to your supervisor.
  
  ◊ Due Date: ___________

Taking the time to complete these learning guides shows that you care about your clients and want to provide the best service possible. Thank you for your hard work and dedication!

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Pre-Quiz

Test what you already know about Continence Management!

1. Incontinence is a normal part of aging and life.
   
   True or False

2. A person who has urinary incontinence will have fecal incontinence.
   
   True or False

3. There is no way to prevent incontinence.
   
   True or False

If you answered FALSE to all of these questions, you are well on your way to learning effective continence management skills.
Urinary incontinence is defined as the involuntary loss of urine severe enough to cause adverse social or hygienic consequences. The severity of urinary incontinence ranges from occasionally leaking urine when you cough or sneeze to having an urge to urinate that’s so sudden and strong you don’t get to a toilet in time.

Typically, humans have two kidneys, one on the left side and one on the right side, located toward the back of the body right above waist level. Urine is produced when blood filters through the kidneys to eliminate waste products from the blood. Each kidney drains through a tube called a ureter, which leads to the urinary bladder for storage. A normal, healthy bladder is much like the structure of a balloon and can hold about 10-20 ounces (300-600 milliliters) of urine. Once the bladder reaches a level of about 250 milliliters of urine, a healthy bladder will have the sensation of needing to void. Urine leaves the bladder through an outlet at the bottom of the bladder which is controlled by a small, muscular valve called an internal urinary or bladder sphincter. The urine then passes through the urethra, a tube like structure, through a second sphincter (external urinary sphincter) to the outside of the body. Sphincter activity is controlled by synchronized brain and spinal nerve function, which allows the person to determine when to allow urine to flow from the body. The kidneys filter blood more efficiently when the body is relaxed in a lying position. A lying down rest period during the day may help to decrease the volume of urine produced at night and lessen the potential for incontinence or product leakage.
There are many different types of urinary incontinence. It is important to contact the office if you feel your client has an incontinence problem, especially if your client is reluctant to talk about it. The good news is that there are many different solutions and options for your client.

### Stress Urinary Incontinence

- Involuntary loss of urine
- Pressure in the abdomen (laughing, sneezing, coughing or obesity)
- Can happen at any age
- Common in pregnancy
- Common in older adults; more common in women
- Active people (runners) may have issues
- Void is less than 50 ml (milliliters)—a small amount, enough to make it uncomfortable and dampen the skin

**What can help**—pelvic floor exercises, pelvic muscle rehab (biofeedback—a therapy that uses measuring devices or sensors to help you learn to identify and control the bladder muscles), bulking procedures (collagen or botox injections)

**Positively Impact bladder health**—relaxation, decreased caffeine consumption, monitored diet and fluid intake, knowledge of proper lifting techniques, and daily exercise

### Reflex/Complete/Total Incontinence

- Result of a severe brain injury, multiple sclerosis, a stroke, or Parkinson’s disease
- May require an external catheter
Urge/Overactive Bladder

- Involuntary loss of urine simultaneous with the person feeling like they need to go
- Most commonly identified due to TV ads for treatment medications
- Possible causes include bladder irritant such as caffeine, alcohol, prescribed drugs, certain spicy foods, artificial sweeteners, or concentrated urine
- “Key in lock” incontinence—use of bathroom is delayed due to other activities; impulse triggers the full bladder to release urine before the person gets to the toilet upon entering the home or the bathroom
- **What can help**—eliminating bladder irritants and deep breathing to interfere with the impulse

Mixed Urinary Incontinence

- Combination of stress urinary incontinence and overactive bladder
- The bladder is not able to store urine
- There is a higher volume of loss, resulting in a gush of fluid
- **What can help**—pelvic floor exercises, elimination of bladder irritants (caffeine, artificial sweeteners, alcohol)

Overflow Incontinence

- Unable to fully empty their bladder—possible obstruction
- Loss of bladder volume is moderate (75-150 ml)
- Unvoided urine becomes stagnant and is likely to cause a bladder infection (UTI)
- The uterus in women who have had children may tilt and decrease the capacity of the bladder
- **What can help**—toileting program if they have the capability to void; straight catheter procedures to empty the urine

Functional/Environmental Incontinence

- Caused by something that is not related specifically to the person’s urinary system
- Functional or environmental factors—issues in walking or a situation where a person cannot easily get to the bathroom
- **What can help**—Cleared paths to the toilet, availability of a walker or cane or commode
Show What You Know!!!!

Unscramble the words below based on what you learned about the different kinds of urinary incontinence. Copy the letters in the numbered cells to the other cells with the same number.

Answer Key: Stress / Urge / Overflow / Bladder / Mixed / Functional / Environmental / Reflex / Complete / Total

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A bowel movement (feces or stool) contains waste products of digestion. Foods and fluids that are consumed, the speed of digestion, medications, and numerous other factors contribute to the production of a bowel movement. Stool is temporarily stored in the rectum, which must have space to store the stool and elasticity to expand. The interior anal sphincter regulates the passage of gas and liquid stool to exit the body through the anus. The exterior anal sphincter responds to rectal fullness to regulate the passage of formed stool through the anal opening to the outside of the body.
## Types of Fecal Incontinence

<table>
<thead>
<tr>
<th>Passive Fecal Incontinence</th>
<th>Fecal Incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small to large amounts of stool are involuntarily discharged while passing gas without awareness</td>
<td>Small to large amounts of fecal matter are discharged without control</td>
</tr>
</tbody>
</table>

### Fecal Seepage

- Small amounts of stool is leaked following a normal bowel movement

### What can help

- A diet with adequate fiber and fluid, physical activity; the better that waste products are able to move through the digestive system, the better the person will have formed bowel movements.

### Liquid stool

- Liquid stool does not necessarily mean that there is a bowel movement. Liquid seepage through the anus can be indicative of bowel constipation or – in extreme situations – fecal impaction, which can be life threatening.

- People who get most of their intake through liquid nutrition/dietary supplements are more likely to have diarrheal stools.

- If you notice any changes in bowel habits, or black (tar-like) or bloody bowel movements, contact your supervisor.
While incontinence is not a normal part of aging, it is a common problem that is also embarrassing. There are both reversible and non-reversible causes of incontinence. Diabetes and certain medications, such as diuretics, antidepressants, and narcotics, can be the cause of incontinence and reversible. Incontinence can also occur suddenly or gradually. Let’s explore the facts:

- 25 million adult Americans experience urinary incontinence
- 75-80% of those 25 million are women
- One in four women over the age of 18 experience episodes of leaking urine involuntarily
- Two-thirds of adults age 30-70 have never discussed bladder health with their doctor
- One in eight Americans who have experienced loss of bladder control have been diagnosed
- 6.5 million Americans experience fecal incontinence
- One out of 10 women in the general public has fecal incontinence
- One in 15 of these women suffer from moderate to severe symptoms
- 7% of healthy people 65 years and older experience fecal incontinence
- 33% of elderly people at home or in a hospital experience bowel control problems

- The cost of incontinence for individuals 65 years of age or older is $26.3 billion
- One-third of adults ages 30-70 believe that incontinence is to be expected.

Focus efforts on MANAGING CONTINENCE rather than incontinence management
Incontinence is inconvenient for all involved. We can provide support and encourage steps to help better care for our clients in managing incontinence as caregivers. The following are some signs for you and your supervisor to consider when your client is having incontinence issues.

Use the following steps to help determine where your client is at in terms of their incontinence:

- Are they forgetting to go to the bathroom?
- Do they have the sensation that they need to use the bathroom?
- How frequently are the sheets being changed/laundry being done?
- What is the person’s Gem level?
- Are social situations being avoided because of incontinence?

It is important to contact your supervisor if you believe there is a problem. The next steps are checking with a physician, accepting there is an issue, and offering a solution.

- Does the person accept incontinence because they feel that nothing can be done to help?
- What do they want to do in terms of their life and lifestyle?
- Have they seen a doctor yet?

Answers to these questions will help you to determine the best course of action in helping to manage your client’s continence. The plan must be individualized to that person. The best way is to start where they are at and determine what is going to work best. Everything the person does is related to their continence status. The way that a person handles their incontinence issues may be related to how they were toileted as a child, current self-perception, and their ability to accept the information.
**Client Abilities**

We need to determine our clients’ abilities in order to best help and assist them.

⇒ What is their vision, dexterity, and body strength like?
⇒ What is their ability in applying the product? Are they able to pull the product up over their feet or bend down?
⇒ What can they do on their own? What/who is their support system?
⇒ Does the person have dementia? If so, what stage are they?

**Client Safety**

As in any situation, the safety of our clients is top priority. There are many things to consider when it comes to continence management.

⇒ What is their overnight routine?
⇒ Are there any slip/fall risks?
⇒ Will they be getting up by themselves?
⇒ Are there any assistive devices such as canes or walkers?
⇒ Is getting up at night the best option for them?
⇒ Is the path to the bathroom well lit?
⇒ Is getting up really necessary?
⇒ Is an overnight product the better and safer option?
⇒ Do they have a bedside commode? When will it be emptied, and who will empty it?

Dementia tip: Using cueing tools such as a picture of a toilet on the bathroom door will help them to use the bathroom rather than another space such as a closet.
Just the facts:

- Many people are purchasing products that are not designed for incontinence. Instead, women may purchase familiar menstrual cycle (feminine hygiene) products. These products are meant for a slower flow of smaller amounts of fluid, with incontinence, they become soggy and smelly. Incontinence products are specially for urine’s fast flow and volume.

- Men are typically reluctant to use incontinence products. They may use toilet tissue or a hanky to absorb dribbles. Many products for men are now being designed to be more “masculine” to help men feel more comfortable in using a product.

What are the best products?

- A product that absorbs the urine well to help pull the moisture away from the body will help to prevent urinary tract infections and skin irritation.

- Breathable products which allow air flow will not overheat the body

- Doubling up on products can make incontinence and leakage worse. Products come in many absorbencies.

- Use a product that is easy for the client to handle. This will promote continence. An inappropriate product may actually promote incontinence rather than helping them to stay continent.

For night time use:

- Products are specially designed to be highly absorbent which will help eliminate the need for a person to get up overnight due to urinary incontinence.
  
  ⇒ Getting up in the middle of the night creates a fall risk

  ⇒ Fatigue and the inability to interact and function well the following days are expected when a person is up frequently at night due to incontinence or fear of incontinence

- Nighttime changes are necessary if overnight fecal incontinence is an issue.
There are some special considerations if a product is being used for a person with dementia.

⇒ Make sure the product is absorbent enough that it doesn’t feel wet. Wetness discomfort may encourage the person to fidget with the product. Absorbency is critical to comfort and behaviors.

⇒ If the person tries to remove their incontinence product, apply a pair of their own underwear over the product so that they feel a familiar garment.

⇒ Use a style of product that feels the most normal to them.

⇒ If possible, transition them from their own underwear to product use by replacing their underwear with the incontinence product.

Tips to Remember

⇒ Do not restrict liquids (unless ordered by a physician). Fluid restriction can cause dehydration, increased urinary tract infections, confusion, and incontinence.

⇒ Concentrated urine is a bladder irritant and will cause the bladder to become overactive.

⇒ Eliminating irritants, consuming adequate caffeine-free fluid and performing pelvic floor exercises (Kegel) can help to manage continence.

⇒ Incontinence can be improved or managed effectively in many situations to improve quality of life.
There are different toileting programs that can be used to help with continence management. A toileting program should be individualized and based on the person’s abilities.

**Prompted Voiding**
- Checking in with the person if it’s time to use the bathroom—“I have to use the bathroom. Do you have to go?”
- Offer to help the person if they need it
- Plan the prompts based upon the person’s schedule such as going out

**Habit Training**
- Gather information about their patterns
- What is normal for the person (voiding or wetting schedules, etc.)
- Toilet the person based on their patterns, routine, and habits

**Timed Toileting**
- Toileting is done at set time intervals
- Checks, changes, and toileting at night interrupt their sleep and may not be helpful
- A person will not void unless they need to; this may set the person up for failure and frustration
- Every-two-hour checks, changes, and toileting are commonly used in facilities for staff convenience

**Bowel and Bladder Training**
- Complete a full baseline determination of bowel and bladder habits, such as when they are voiding, and how much
- Build on success; extend the interval between bathroom uses (15 minutes) to help build the person’s ability to be continent for longer periods (up to a few hours)
- Requires positive feedback and encouragement
Quiz

Continence Management

Directions: Circle the best answer choice, and then check your answers with your supervisor.

1. Urinary incontinence is defined as the involuntary loss of urine severe enough to cause adverse social or hygienic consequences.
   - True or False

2. Removing fiber from your diet can lessen the chance of fecal incontinence.
   - True or False

3. Safety isn’t a concern when handling continence management.
   - True or False

4. All continence management products are the same.
   - True or False

5. A normal, healthy bladder can hold 20-30 ounces or urine.
   - True or False

6. Fecal incontinence is the inability to control bowel movements.
   - True or False

7. Stress urinary incontinence can be caused by pressure in the abdomen (such as sneezing, coughing, or obesity).
   - True or False

8. Toileting programs can be used to help with continence management, but should be individualized and based on the person’s abilities.
   - True or False

9. Incontinence is not a normal part of aging, and there are reversible and non-reversible causes.
   - True or False

10. Overflow incontinence is the combination of stress urinary incontinence and overactive bladder.
    - True or False

Employee Name (Please Print):

_______________________________

Date: __________________________

☐ I understand the information presented in this guide.

☐ I have completed this guide and answered at least eight questions correctly.

Employee Signature:

_______________________________

Supervisor Signature:

_______________________________